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ABSTRACT

Phoenix Early Head Start (EHS) is a program for first-time teen parents and their families. It is a family-centered program intended to provide early, continuous, intensive, and comprehensive child development and family support services for vulnerable families and their very young children. This report presents case studies of 12 families, all EHS participants, who agreed to be followed throughout their participation in the program so that their stories could be updated as they unfolded from one year to the next. The case study families were interviewed for the first time in August 1997 and again in August 1998. Common themes in the family's stories regarding EHS's role include: (1) assistance from caring staff; (2) reassurance from home visits and child development; (3) help in becoming good parents; (4) help with personal goals; (5) help with daily life; and (6) socialization opportunities for children and parents. (EV)

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Phoenix Early Head Start:
Twelve Family Stories
Year Two

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Phoenix Early Head Start:

Twelve Family Stories

Year Two

by
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and
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for
Southwest Human Development

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About Phoenix Early Head Start

Phoenix Early Head Start is a program for first-time teen parents and their families. Part of a national initiative funded in 1995 to provide services for low-income pregnant women and families with children ages birth to three, Early Head Start is a family-centered program that is intended to provide early, continuous, intensive, and comprehensive child development and family support services for vulnerable families and their very young children.

Phoenix Early Head Start recruits low-income teens ages 13 to 19 in central/south Phoenix who are pregnant with their first child or who have an infant under six months of age. The program is designed to serve 120 families, with services provided through a three-pronged approach: weekly home visits, site-based socialization activities, and "brokered" services that link families with high-quality community resources. Male involvement is a major program focus, with concentrated outreach efforts to engage young fathers with their children.

Introduction

Case studies give voice to the rich background information that can only be provided by program participants themselves. While the numbers and statistics that comprise a program evaluation are key to learning about what happens to program participants overall, it is important to not lose sight of *who* these individuals are, and perhaps *why* their lives unfold as they do. To develop some of this background information for the five-year program evaluation of Phoenix Early Head Start (EHS), a case study was undertaken of 12 families who were representative of all EHS program participants. Each of the 12 families agreed to be followed throughout their participation in the program so that their "stories" could be updated as they unfolded from one year to the next.

The case study families were interviewed for the first time in August 1997 and again in August 1998. At the time of the second interviews, two families were not able to be contacted. One of these families, however, was interviewed several months later. At about the same time as each cycle of family interviews, discussions were also held with the family support specialists in order to obtain additional information about each family.

Due to issues of anonymity, some background data could not be used in the individual stories. Much of this information, however, has been woven into a broad composite sketch that will help explain who these families are.

Family Composite

By program design, all families entering EHS consist of at least one teen parent who is the primary caregiver. Among case study families, the mother was considered the primary caregiver in 11 of the 12 families, while in one family the father was the primary caregiver. Three of the families included married couples at the time of the second interview cycle.

Also by program design, EHS has focused efforts on engaging fathers with their children. As of the second interview cycle, seven fathers were "involved" (loosely defined as having relatively frequent contact) with their children, while children in five families had limited or no contact with their fathers.

Many of the case study teens came from troubled, disrupted families. Several had been living in extended family situations that involved complicated familial relationships and included resident children of other relatives. In some cases severely strained relationships had occurred between the teen parents and their parents or relatives. Between the first and second interviews, most of the families continued to live with extended family members or friends, but several experienced upheavals in their living arrangements. Some families, on the other hand, began making progress towards independence and economic stability.

Some of the teen parents initially voiced ambivalent feelings toward their impending parenthood. Two mothers reported seriously considering an abortion to avoid the responsibilities of child rearing. One father threatened to abandon the soon-to-be-mother of his child when he found out she was pregnant and wouldn't have an abortion. All three subsequently changed their minds and expressed satisfaction with their decisions to accept the role of parent.

Drug and alcohol abuse had been reported problems for several of the families. These abuses occurred on the part of the teen parents themselves, their parents and relatives, or boyfriends. Many of the families also had contact with the criminal justice system. At the time of the first interviews, one primary caregiving parent was on probation while at least two non-primary caregiving parents were in detention. In addition, one teen parent's father died in prison and another's uncle was serving a prison sentence. Domestic violence, rape, or prostitution had also been reported in the background of three of the families. By the second interview occasion, one of the teen parents (*not* the primary caregiver) had been released from jail, while another (the primary caregiver) remained on probation for minor offenses.

Most of the teen parents experienced difficulty completing their education. Prior to enrolling in EHS, more than three quarters of the case study parents had dropped out of junior high or high school, and one parent reportedly had never attended any school at all. Nevertheless, as of the first interviews, four parents were actively continuing their schooling and five others had either enrolled for fall or made plans to attend GED classes. Between the first and second interviews, however, only one parent graduated from high school, and at the time of the second interviews only four parents were reportedly enrolled in school or GED classes.

Several parents faced special problems because they were undocumented immigrants and, consequently, had to manage their lives under a different set of conditions than legal residents. Among the difficulties, illegal residents were ineligible for some types of public assistance. In one family, an illegally documented parent applied for health care through AHCCCS (Arizona's indigent health care system) but when illegal documents were discovered during the application process, the spouse of this parent lost his job—and the family's only source of income. Despite problems stemming from families' undocumented status, however, several parents managed to find and maintain employment.

The children in EHS families also faced some problems. During the first year of the program, staff expressed concern about two of the babies that had exhibited poor health or failure to thrive. In addition, one family was investigated by Child Protective Services after their baby was injured. Furthermore, several of these children faced competition from a sibling: at the time of the second interviews, five case study parents either had or were expecting a second child.

Common Themes

Many of this year's family stories describe lives of change and upheaval. Some parents returned to school, dropped out, and looked toward other educational paths. Others found a job, quit, and then

found another. In addition, several parents made changes in their living arrangements or their relationships with boyfriends or relatives. And several families experienced repeat pregnancies.

Also emerging during the second interviews is an issue that EHS families must eventually deal with: transition out of the program after their first child reaches three years of age. Anticipating this transition, some parents expressed a strong desire to stay connected with the program and continue participating in activities. By the time of the third cycle of Family Story interviews, more than half of the families will have experienced this transition.

What more can be gleaned after two years of case study? As at the beginning of the study, it remains clear that each family is unique in terms of strengths, needs, program participation, family backgrounds, and demographics. Their family stories taken as a whole, however, and particularly with respect to their EHS program experiences, continue to exhibit several distinct themes. Following are the most prominent of these themes:

Assistance from caring staff—Parents continued to describe their family support specialists and other EHS staff as "caring," and felt that program staff provided focused assistance as well as social and emotional support. Many parents talked about the advice they received from their family support specialists, particularly help with personal stresses and in dealing with problems with their families and boyfriends. They said their family support specialists were "always there" for them, and that they were "like family." Parents felt valued because of EHS staff's belief in them.

Reassurance from home visits and child development—Parents talked about the information and help they received during home visits. They saw home visits as a time to discuss problems, ask questions, and find out about the progress of their babies. Routine checkups by the EHS nurses and developmental assessments by EHS staff helped reassure parents about their children's well-being. In addition, discussions about maintaining their children's health and safety helped keep parents focused on these issues. EHS staff also helped connect parents to regular sources of medical care for themselves and their children, and assisted them in obtaining medical attention for specific medical problems.

Help in becoming good parents—Case study participants continued to acknowledge the contribution EHS has made in helping them understand their children and become better parents. This was particularly important in dealing with the new stresses they were experiencing as parents of toddlers. Advice about child development and positive discipline techniques was said to be helpful, and the parent-child playgroups helped them learn good parenting skills. Parents also valued the parenting and child development information they had received from nurses and other staff during home visits and site-based activities, and they continued to appreciate the positive reinforcement they received from EHS staff regarding their role as parents.

Help with personal goals—EHS staff continued to provide parents with assistance in moving ahead with their lives. In particular, most parents related having ongoing discussions with their family support specialists regarding setting and achieving specific goals. Parents also said they received many different kinds of help from their family support specialists in reaching goals. They mentioned help in

finding and enrolling in school, staying on track to complete their education, locating and applying for jobs, and taking steps towards saving for a house.

Help with daily life—Many parents continued to need assistance negotiating some of the "typical" activities of daily life. Their inexperience, low income, and in some cases, limited English proficiency, contributed to this need. Family support specialists helped them obtain food and household items when needed, and worked with them on household budgeting. Program staff also helped several participants navigate governmental and agency bureaucracies and understand legal documents. In addition, parents credited EHS staff with helping them enroll in AHCCCS and obtain other affordable medical services, establish legal custody and file for child support, successfully negotiate other court proceedings, and deal with problems of utility and water shut-offs. Family support specialists also furnished translation services for Spanish-speaking parents when necessary.

Transportation remained an important factor in participants' ability to manage their daily lives. For those parents without a car or convenient public transit, many tasks—going to the doctor, enrolling in school, and looking for work—proved daunting. Several parents without cars again noted that EHS staff had helped them get to appointments and other locations, and that this assistance not only made life easier but also helped move them forward toward achieving their goals. Those parents who had managed to acquire a car of their own spoke about the huge difference it had made in their lives. They felt they had become more independent and were better able to take care of their family's needs.

Socialization opportunities for children and parents—Play groups and child care at EHS activities were mentioned by several parents as good opportunities for their children to socialize with other kids, since they did not have this opportunity in their home environment. Monthly socialization activities and the mom's support group were also viewed as a chance for parents and their babies to meet and mingle with others, as were parent committee and parent council meetings for those involved.

As might be expected, when some parents became more successful—hence busier—in their daily lives, this success had an effect on their program participation. They found less time and energy to attend EHS activities, committee meetings, and play groups. Some even had difficulty scheduling regular home visits. So while parents felt good about their progress on personal goals, they expressed regret about being unable to participate more fully in the program.

Ruby and Luis

Ruby, 18, her husband, Luis, and their 28-month-old daughter live with relatives in a small, well-kept home. Although they feel cramped sharing a house, the situation has several benefits for them: the rent is lower than at their previous apartment, Luis's sister helps them with child care while they work, and the two families share meals together. The only public assistance they receive is WIC for their daughter. Luis's employer provides health insurance, and Ruby works at a restaurant. At the time of their second interview, the family had been enrolled in Early Head Start for two years. While Ruby and Luis are relatively conversant in English, they asked to be interviewed with the assistance of a Spanish translator.

One year ago, during their first interview, Ruby and Luis had said that Early Head Start showed them how to take care of their daughter and how to teach her. They also said the program helped Ruby enroll in GED classes, provided items such as diapers and milk when they ran out, helped Ruby learn how to prevent a second pregnancy, and provided occasional transportation, particularly to get medical services or WIC. Both Ruby and Luis indicated they had attended and enjoyed site-based activities, and both said they appreciated their family support specialist's support and home visits, particularly the videotaping sessions of their daughter's progress.

Ruby and Luis made major changes in their lives during the past year. In order to save money to buy a house, Ruby found a part-time job, the family moved out of their relatively expensive apartment, and Luis obtained a construction job that offers insurance benefits. In addition, they purchased a car, primarily for Ruby's use.

But while they appear to be making progress, they have endured setbacks as well. Ruby: "[Luis] was out of work for three weeks, and it was right at the time that we had to show check stubs to qualify to get a [home] loan." Luis agrees: "We're really struggling because we don't have credit and right now we don't have enough in order to buy [the house]."

Nevertheless, they feel their efforts are about to pay off. Luis: "The biggest thing has been reaching this goal of buying this house we've been working towards all this time…I think we'll be able to [buy] in a couple of months." Ruby: "And also getting a car, which we bought one this year, but it's kind of old and we need a newer one. But if we put our money to that, then there'd be less to put towards the house. But I think we're attaining those goals we've set for this next year."

They report a good relationship with their family support specialist, who has been with them throughout the program. Ruby: "She's a good friend and companion. She always helps us when she sees us. She gives us good advice."

They still look forward to home visits, but their work hours have made visits more difficult to schedule. Ruby: "Up until I started working three months ago it was at least once a week. Now, it's more like once every two weeks. And, the last time she came by I missed her, but [Luis] was here and got to talk with her."

During home visits, their family support specialist often talks with them about goals. Ruby: "I told her that I wanted to buy a house, and about wanting to work. She helped me. She told me about this…[current] job."

They also discuss their daughter. Ruby: "We talk about goals to teach her more things, mainly to help her learn more English. That's a goal for me too…We're teaching her to recognize animals and to match the sounds they make to their names."

Their family support specialist shows them the progress their daughter is making. Luis: "Every time she comes, she goes over how much more [our daughter] has learned. She brings out a book and starts her playing something…Or, she'll ask her questions about the book and see what she's learned, and does little tests on her." Ruby: "And she brings her books to help her learn her colors." Luis: "Yes, she's always bringing books."

"[EHS staff] told me to talk to [my daughter] a lot and to read her books, and since she was real little we've been reading a lot and talking to her...Now she is one of the most developed kids in the program as far as her use of language."

The visits can be reassuring to them. Ruby: "As parents, we try to be patient. Since [our family support specialist] has a kid that's about the same age, sometimes she'll say something like, 'My child does that on me, too.'"

Early Head Start staff work with the family on keeping their daughter healthy. Luis: "[Our family support specialist] has the record book of her vaccinations." Ruby: "She lets us know when the appointments are for the new round of shots. She's all caught up on her shots until she's four. And even the nurse comes by and checks her too." Their family support specialist also talks with them about child safety. Ruby: "When we were in the apartment, she told us about getting those plug covers and those latches for the cabinets." Luis: "And keeping poisonous things away from her."

Early Head Start staff have helped the couple deal with health-related problems. Ruby: [My family support specialist] helped me get medicine for my little girl and to get to the doctor. Luis: "A nurse came or something, didn't she?" Ruby: "That is one of the things I remember most. She was really sick, really dehydrated."

Ruby has a chronic condition that must be monitored regularly. Their family support specialist worked with her to obtain affordable medical services—including birth control, which is necessary because Ruby has been advised by doctors to avoid future pregnancies. Ruby: "The hospital where I went…they charged $70 for the contraceptive shots. So, [my family support specialist] helped me find a cheaper place. They gave me the shots free for a year. They also gave me two free visits to check my thyroids, and they gave me medicine."

Until Ruby started working, she attended most site-based activities. Luis also attended some. The activities helped them learn about child development and parenting. Luis: "When we go, the nurses are there talking and they tell us things and the ladies there show us how to read to her and stuff." Ruby: "[They] told me to talk to her a lot and to read her books, and since she was real little we've been reading a lot and talking to her. Now they say that she is one of the most developed kids in the program as far as her use of language, because she talks a lot."

Ruby says she has learned child discipline techniques at the activities. Ruby: "They show us that if your child gets mad that you don't hit or spank them. Just leave them be until they calm down so you can talk to them."

Among the activities Luis has attended, he most enjoyed a weekend picnic at Encanto Park. Luis: "It was great. They had a bunch of games and food…music…all the children are playing…everyone has a good time." He also liked a CPR course taught by an Early Head Start nurse.

Ruby attended some mom's support groups. Ruby: "I liked it because they talked about

personal things, about personal problems. They helped out and gave advice. Or they also talked about their own experiences, the other girls shared their experiences. I even talked about mine." She liked the sharing, but stopped going because her daughter was unhappy in child care during the group meetings.

In recent months, program staff have talked with Ruby and Luis about transitioning out of the program. Ruby: "We can continue if we want—and we want to—but we don't too, because they say [our daughter] is progressing so much, and we are too, and they see that we don't really need the program. I hardly need any help, like transportation, and such, but only if my car breaks down. They suggested that before she turns three we could take her out, and maybe we will."

They say they would particularly miss the social aspects of Early Head Start. Ruby: "When all the parents are together, and…they have games for the kids." They would also miss the advice. Ruby: "Like how to get on AHCCCS, and if you have a question." Luis: "Because they have all the resources right there, or at least the phone numbers right on hand, and they just look at a list of all these places you can call." But even if they do transition out, they plan to keep some connections with Early Head Start. Luis: "We can still go to some of the activities. Like when the doctor comes or the nurse comes or when they have different activities of teaching different ways to raise your child."

The bottom line for Ruby and Luis is that they feel as if they have gained some control over their lives and, therefore, are not using the program's services as much as they once did. Ruby: "At first they helped us a lot. They gave us transportation and they helped a lot with our daughter, showing us how she develops. But now not as much…we don't need as much help." Luis: "We're much better."

Monica and Tony

Monica, 19, and Tony, 22, live with their 20-month-old daughter and seven-month-old son in a small house belonging to Monica's grandfather. Monica's grandfather and uncle also live in the house, as do other relatives on occasion. Monica receives WIC benefits for her children, but otherwise the couple rely on their earnings. Both currently hold jobs, with Tony's providing medical insurance for the family. At the time of their second interview, Monica and Tony had been enrolled in Early Head Start for 20 months.

During their first interview a year ago, the couple said that Early Head Start staff taught them how to care for their daughter, offered valuable job assistance and career advice, provided frequent health monitoring for both Monica and her daughter, gave advice during family problems, and supported and assisted the couple during a Child Protective Services (CPS) investigation. In addition, Monica said she especially enjoyed the site-based activities for both the information and socialization opportunities, while Tony expressed particular appreciation to the male involvement specialist for his help with job referrals and support during the CPS investigation.

The past year has been eventful for Monica and Tony. They got married, had a second child, and made substantial progress in their personal lives. Tony: "We've pretty much accomplished half the goals we had last time we made our goals. One goal was to get a car. Her goals were she'd go back to school or get a job, one of the two. And mine were the same thing—go to work and go to school to get an education as well."

To fulfill her personal goal, Monica chose work over education, taking a job at a local restaurant. Tony also concentrated on work, and in the process he changed jobs, earned a promotion, and received a raise. Tony: "Our main goal now is to finish school and get that out of the way."

The extra income from both of their jobs has been a big boost. Monica: "It helps us get a bunch of the things we need." One of the biggest needs it helped was transportation. Monica: "We got a car. He takes it to work [from 3:00 to 11:00 p.m.], and when he gets home I take it because I work 12:00 [midnight] to 6:00 in the morning." The car has literally changed their lives. Tony: "[Before] basically we had other people give us rides…It's awkward asking them for rides, depending on other people. I never liked that…It's really different now. We don't have to worry about it." Monica: "We come and go whenever we please."

The couple have intentionally staggered their work schedules so they can share the one car. It also allows them to share child care duties. Tony: "She watches them during the day while I'm at work, and when I come home…then I take care of them the rest of the night." But the quest for a better standard of living has produced its own drawbacks—particularly for Monica who works nights and must rest during the day. Monica: "It wears me out. With the kids…it's hard for me to get sleep." She often gets help from her grandfather and uncle who watch her daughter during the day so she can "nap" with her son.

But Tony, who is often in charge of child care until he goes to work mid-afternoon, also experiences hardship from the separate schedules. Tony: "I get frustrated because she doesn't help out [with child care during the day] while she's asleep." Monica laughs: "I tell him,

'You know how I felt now when you used to work nights and sleep days.'" Tony: "It's just I can't handle my own son—it's like I try and try but I can't keep up with him."

Tony plans to work on this in the coming year. Tony: "My goal is to get to know my son better…I have to get to know what his reactions are, what he needs." This is the same goal he set last year for his daughter, and with her he has been successful. Monica: "She has gotten closer to Tony now."

Early Head Start has provided the family with monthly medical monitoring. Monica: "[The nurse] comes once in a while to check the kids, their weight, and everything…their abilities and skills." Tony: "And checks Monica." Monica: "Yeah, she checked my blood the other day because I still have diabetes. [The reading] was almost 400 and it's supposed to be 110."

They also feel the program has helped them understand their children and become better parents. Tony: "They've given us books on how to approach certain things. Like stuff that we don't understand, the books tell us why. Like our son, when he's sometimes crying or something, the book tells us why he does it—he just wants more attention from us and wants to be loved more."

During one extremely stressful episode, Early Head Start support proved invaluable. It occurred several months after CPS closed the investigation of an injury to their daughter, at which point Tony learned he was being charged with child abuse in the case. The male involvement specialist immediately stepped in to counsel the couple and testify on Tony's behalf during his court appearance. Monica: "If it wasn't for [the male involvement specialist] going and talking to the judge, Tony would have gone to jail…Thank God he was there."

The couple's busy schedules have hindered their attendance at Early Head Start activities. Tony: "I haven't attended for awhile now, since the last picnic they had on the weekend, for the whole family…I've been to one dad's night out…I took my daughter and we had pizza and talked about how you feel about having your kids and stuff like that…like when they cry what do we do."

"[EHS] has given us books on how to approach certain things…Like our son, when he's sometimes crying…the book tells us why he does it —he just wants more attention from us and wants to be loved more."

Monica: "I've come to most of them. Just the last two months I haven't been going. Mostly I go by myself…We do a lot of things. We'll have a circle where we'll sing songs to the kids. And we'll go and they'll have someone speak on a certain subject…like how a baby grows, and jobs."

Monica has also attended several play groups with her daughter. Monica: "I like it. One time we did this thing where they played with shaving cream. It was fun. They made bubbles, moved it around, put toys in it…She plays with other kids there…But she likes to fight a lot." Tony: "She's really possessive about the things she likes. If other children show interest in her toys, she doesn't like it at all." The couple asked their family support specialist to help them understand her fighting behavior.

They have not taken part in the parent committees because they are too busy. Monica: "[The committee people] usually say something at each meeting. I don't think I would have enough time to get into that. I would like to do more stuff with [the parent committees], but it's hard with the work and the kids."

They have had a good relationship with their family support specialist. Monica: "He would talk about his daughter, how they get along…He would tell me the different stages that they were going to go through." They also discussed family relationships and family planning. Monica: "[My family support specialist] was always bugging me about that. I finally got the birth control shot

about a month ago." And the family support specialist also monitored the children's vaccinations. Monica: "He'd always write them down in the book and tell me when to make appointments…We're all caught up."

One change they would like to see in the program is more flexibility in the activity schedule. Tony: "One time I told my family support specialist that it'd be nice if they'd have some night time hours [for meetings], or weekends…I never have a chance to go to any of the meetings." Monica: "He wants to, but he's always got to work."

Overall, however, they are impressed by the attitude of Early Head Start staff. Monica: "They all seem to care a lot. Like [the nurse] really makes me feel happy." Tony: "She's like the mother nobody ever had." Monica: "If I need them, all I have to do is call and they're right there…Like one time we didn't have food—he wasn't working—and they brought a food box with them." Tony: "When Monica lost her WIC voucher, they brought milk for her…They even brought diapers one time when we ran out…And they took Monica to the doctor one time." Monica: "And brought me the medicine for my daughter…And when I was pregnant with my son, they'd make sure [and ask] 'Did you go to your appointment?'" Tony sums it up this way: "If you're in need of help they try to help you out…Instead of just being people, they're like family."

Alysa

Alysa, 18, and her son, 25 months, live together in an apartment in one of Phoenix's public housing projects. The father of her child sees the boy on occasion, but does not play a parenting role or provide support. Alysa does not currently have a job and has dropped out of high school. She is participating in the food stamp, TANF, and AHCCCS programs. At the time of her second annual interview, Alysa had been enrolled in Early Head Start for 22 months.

In her first interview, Alysa said that Early Head Start had helped her with her biggest problem—transportation—by providing rides to activities and medical appointments. She also said that her family support specialist had helped her set a number of goals—such as getting back into high school—and that the home visits stimulated her son. And while she hadn't been able to attend many site-based activities due to her work schedule, she found the ones she did attend were fun and interesting: they not only gave her information on how to care for her baby, but they also offered her and her son the chance to meet and interact with new people.

Alysa worked on a number of her goals in the past year. At one point she held a part time job, was enrolled in a high school program, and was keeping up with birth control and her son's medical checkups and immunizations. But later she fell back in some of these same areas. "I quit [work] because it wasn't enough hours a week for me and my son to pay the bills." Now, after nine months out of work, she hasn't found a job with better hours. Says Alysa: "I'm still looking."

School didn't work out either. "I was going to the Village [charter school], but I stopped going," she says. She is currently considering a GED program that requires only four hours of classroom time per day. "I'm going to look into that and start going…as soon as I get transportation to get there."

Arranging transportation still poses an obstacle for Alysa. "Sometimes friends take me," she says. Otherwise she gets to the places she needs to go by bus or on foot. Arranging child care is usually easier. If she gets a job or returns to school, she will primarily rely on her mother to care for her son, but she is also looking for a baby sitter because her mother is not always available.

Alysa's personal goals have not changed much since last year. They continue to be: "To go to school and to graduate…and get a good job…I'm going to get a job and put food on the plate." As a parent, her main goal is: "To be a positive role model for my son." She's not sure if she's making progress in this regard. "It's kind of hard doing it with just one parent, but I make the best of it." Nevertheless, she wants another baby. "I want to have a little girl…I miss being pregnant…But just one more time—that's it."

Alysa feels that Early Head Start has helped her learn about parenting. "They give you positive ideas about being a good parent…What we talk about at activities gives me more ideas about raising my son and what he should eat. I write it down." The program also gives her information about her son's development, "but my mom raised us and she tells me what a baby his age should be doing and what he should not be doing, so I look to her more for advice."

Lately, however, Alysa has not been attending site-based activities. "They're boring to me and

I don't really get anything out of them." But she has been active in the program in other ways. For example, she served on the Parent Policy Council for a short time. "I didn't really know many people up there. We talked about our kids and introduced each other. But I stopped going. I am on the Parent Committee now and we go there and talk about changes in the program. And things that people need, they talk to us about it…We vote on things."

She has also been taking her son to the weekly play groups. "I've only missed about two of them…I like them. He plays with other kids…and has to share with them. So it's good, because he's not around too many other kids except his cousin."

[At parent committee meetings] "...we get down to the questions and answers about the program...I get to talk about what I don't like and what I do like about it."

Until recently, Alysa has had the same family support specialist since enrollment. Although she hasn't had time to get to know her new family support specialist, she appreciated the previous one. "I had fun with her…She had a positive mind about what we were going to do and what we were going to talk about…She didn't come like a mad woman, to chop my head off. She was really nice."

Their discussions ranged over a wide variety of topics. "We talked about a lot of personal things, my goals and stuff…We talked about relationships…We just talked things out…She gave me a lot of positive ideas about being a good mother to my son." One topic, in particular, was safety in the home. "My son knows how to stick little things into the wall plugs, so I got those little [outlet covers] and put them in. [My family support specialist] gave them to me." Her family support specialist discussed other dangers as well, such as sharp knives: "I put them up real high where he can't get them." They also discussed the danger of scalding: "He loves hot water. He can get up in the bathroom and turn on the hot water, so I have to keep him out of the bathroom."

Health care is another frequent topic of discussion with Early Head Start staff. "They always ask me if I've we've had our checkups." One medical exam revealed a problem for her son. "He's anemic so I have to feed him liver and all that." It won't be easy to do, she says. "All he eats is junk food. I can't really force him to eat liver and beef and stuff like that because I don't think he likes it."

The Early Head Start nurse also visits Alysa and her son periodically. "She came by a year ago and weighed him, measured him, saw what he could do with a ball, a cup, and toys." The results, says Alysa, were positive. "He responded real good to the things she had him do." This, in turn, made her feel "proud" and gave her peace of mind: "I know he's very alert to things and he catches on real quick."

Although Alysa voices some complaints about Early Head Start, overall she thinks the program is valuable. "I like the way it is. It's a good program…I've invited some of my friends to come and join." What she likes best are the parent committee meetings she attends. "It means I don't have to take my kid with me—not that I'm tired of him—but it's quiet and we get down to the questions and answers about the program and what needs to be fixed about it. I get to talk about what I don't like and what I do like about it."

Mariana and Raul

Mariana, 20, and her husband Raul live with their 15-month-old son in a small guest house behind a larger residence at their address. Also living with them is a friend who moved in recently with her two children. Both Mariana and Raul have jobs working at a nearby recycling yard, and when their work schedules conflict Raul's mother provides child care. They receive WIC benefits for their son. At the time of their second annual interview, they had been enrolled in Early Head Start for 22 months. Both are monolingual Spanish speakers and were interviewed through a translator.

Last year during their first interview, the couple said that Early Head Start staff and activities had helped them learn how to prepare for having a baby while Mariana was pregnant. The program also taught them how to care for their son once he was born, and it had provided other services such as medical advice, translation assistance, and emergency milk supplies when WIC vouchers ran out. Site-based activities, they said, had benefitted their son directly by providing him with play opportunities. They suggested that Early Head Start offer English classes to monolingual parents.

Mariana and Raul live in the same house as last year, but they have made major changes in other areas of their lives. Mariana: "Last year I wasn't working—just Raul was. Now I've been working for the past three months…We're getting a little bit more ahead economically."

The extra income has allowed them to buy a car which, in turn, has allowed them to better manage their lives. Mariana: "Now we can get to work, we can go to the store. Before, we always had to take the bus."

They have set a goal for themselves to save some of their income. Mariana: "Our family support specialist tells us not to waste money. What if one day I'm not working or he isn't?" Raul: "She's the one who told us about buying those bonds." Mariana: "We want to get savings bonds for when our child goes to college…I want him to study a great deal and get into a good career."

The downside of working is that they haven't been able to participate in as many program activities as before. Mariana: "It's just a little hard for us to come home from work, get things in order like the housework, get lunch packed for later, and go to the meetings."

Prior to getting a job, Mariana was an active participant. Mariana: "My favorite was when they gave classes on the development of children. And what to do when you have to go out without your child—how to interview a prospective baby sitter, what to do, what questions to ask the person who will sit our child…I was also part of the [parent] committee."

Their son has changed considerably during the past year. Raul: "He's really growing up." Mariana: "Now he walks and talks more. And he's eating more…He no longer drinks from a bottle. Since he was nine months old I've been giving him [liquids] in a cup."

Their son's growth, however, has added some stresses to life, and that has caused Mariana to look to Early Head Start for help. Mariana: "I was having a lot of problems because [our son] is so fussy. He wants to get into everything. So they had me go to this [group] that was just for moms…like a therapy session for moms, a time for moms to chat and to share what we wanted

out of our kids and what they were like. And I realized that [my son] wasn't so bad."

Both say that Early Head Start has been invaluable in teaching them how to be better parents. Raul: "I never knew how to change diapers or give him a bottle." Mariana: "It's helped me not to feel so hopeless and frustrated." Raul: "Also, it's helped us learn the importance of talking to our son a lot. Before, I thought that when they're so young they don't understand. But ever since he was born they've been saying, 'Talk to him. Read him a story.' And I do talk to him a lot."

"[EHS] helped me not to feel so hopeless and frustrated...Also, it's helped us learn the importance of talking to our son a lot. Before, I though that when they're so young they don't understand. But ever since he was born they've been saying 'Talk to him. Read him a story.' And I do talk to him a lot."

The program has also helped them understand how their son grows and develops. Mariana: "They tell us when he's in a certain stage. [Right now] he just wants to do so many things at the same time. He gets up on the chair himself. He's just a handful. And our family support specialist says, 'It's normal for his age. He wants to discover everything, and he wants to do everything.'"

Mariana and Raul say it is common for them to turn to their family support specialist for advice. Mariana: "If I have a problem, when I don't know how to get out of hard situations, I talk with my family support specialist and she gives me some suggestions to help me." Raul: "When I lost my job, I told my family support specialist that I needed to look for another job...She said, 'Why don't you ask [your previous employers] if they know of other places with the same type of work.' So that's what I did, and that's how I got this [new] job."

They enjoy their family support specialist's weekly home visits. Raul: "We talk a lot about our son...We have a lot of photos about everything he does. We take a lot of photos and we tell our family support specialist, 'Look, this is when he started walking.'"

They also discuss their son's health. Mariana: "When it's time for his immunizations, our family support specialist lets me know and she offers to take us to make sure we go." And they discuss safety. Raul: "She suggested that we cover up this area [under the kitchen sink]...because he was getting in here and could have eaten the soap and all that." Mariana: "And not to leave things out that my son could grab. Things that could be dangerous for him. And not to leave the door open."

The Early Head Start nurse visits them periodically. Mariana: "She comes by to check on our son. She comes every half year...When he turned one, she came out to give him a checkup. She had him put these little cubes in a small bottle...He did real well. He knows how to use all his little fingers...He can move and manipulate things."

Now that they are both working parents, they would like to see one change in the program. Mariana: "Maybe a little change in the scheduling of the meetings." Raul: "Mainly from weekdays to Saturdays...I'd like to go to one on a Saturday."

Overall, however, they say that Early Head Start services and staff have made a big difference in their lives—and the life of their son. Raul: "Without this program we wouldn't know how to play with him or feed him or anything." Mariana: "We would hardly talk to our child...He would be less developed to do things. He'd be a little behind." Raul: "I think my son is very smart because they showed me what to do with him. Now I know more or less how to play with him and to talk a lot to him."

Rosalie

Rosalie, 18, and her 16-month-old daughter live in a rented house with a number of other family members. The father of Rosalie's child also lives with them at times. One of Rosalie's brothers provides most of the income for the household, but they often struggle to meet basic expenses, such as for utilities or food. Rosalie's mother usually provides day care for Rosalie's daughter so Rosalie can attend high school full time and hold a part-time job. Rosalie's daughter receives benefits from WIC and AHCCCS. At the time of her second interview, Rosalie had been in Early Head Start for 19 months. Although she speaks English, Rosalie preferred to be interviewed through a Spanish translator.

During her first interview a year ago, Rosalie said that Early Head Start had helped her learn parenting skills and had taught her how to treat her child. She also said that site-based activities—particularly games—had helped her daughter learn new skills, and had provided her with information on different types of activities she could engage in with her daughter. In addition, Rosalie said her family support specialist had given her personal assistance, such as help in understanding her school work.

Rosalie says that not much has changed in her daily life in the past year. As planned, she stayed in high school and completed her junior year. She also attended summer school and is on schedule to graduate from high school in the coming year. "I'm taking five classes, even though I only need one more to graduate." And she hopes to continue her education. "What I'm planning to do is to go on to college to study to be a lawyer." Meanwhile, Rosalie is working on getting her legal residency documents completed.

Rosalie has been impressed by changes in her daughter's development over the past year. "My daughter is growing a lot, and she's learning a lot of things…She seems real happy…She talks and walks… Everything she sees, she does." She says she has one main goal for her daughter: "I want her to get an education so that she can be somebody in life."

Rosalie credits Early Head Start with helping her care for her daughter during hard times. "When my child had kidney problems, they helped me…get the medicine for her…and to get on AHCCCS …so she can get check-ups…And when things have gotten difficult, they've been there. There were times when I didn't even have money for diapers, and they helped me get them."

The program has helped Rosalie understand her child's behaviors. For example, she says, her daughter does not eat many foods. "They tell me, 'All children aren't the same, and some kids don't eat a lot. And kids have different tastes…You have to find what they like.'"

Rosalie has been a regular at site-based activities. "The best one was about how children develop. Also that one about CPR…they show you what to do with kids in different situations." Earlier this year Rosalie completed a CPR class so she could work in child care, and since then she has been caring for the children of Early Head Start parents while they attend program meetings and groups.

Rosalie has brought her daughter to only one play group so far, and she said it was a positive experience. "My daughter really liked it because

the other children were there and there were all kinds of different toys."

She also enjoys her family support specialist's home visits every week and rarely misses one. "I really get along with [my family support specialist]…I can tell her about my problems. She's really trustworthy." The visits usually follow an agenda, says Rosalie. "We mainly talk about my child. I tell her about my little girl, and she tells me a lot of things…Like how to best take care of my girl, like not to grab or shake her."

Rosalie and her family support specialist sometimes discuss safety and health issues as well. "She tells me I should make sure I get those things to cover the electrical plugs, so my daughter doesn't electrocute herself …She's talked to me about never, ever having something out that my daughter could grab like detergent or anything that could be poison for her."

"I always planned on continuing with my education. But sometimes… you get tired and you…start thinking, 'I should drop out and start working instead.' Then [EHS staff] say… 'You can work and go to school… Whatever happens, stay in school.'"

Her family support specialist has provided her with emotional support when necessary. "When [my daughter's father] left, and I was really sad, she said, 'Don't feel so bad…He's going away, but someone else will come along.'" She also says that emotional support has been important to meeting her education goals. "I've always planned on continuing with my education. Even when I had my daughter, I always planned on continuing with my studies. But, sometimes, you know, you get tired and you…start thinking, 'I should drop out and start working instead.' Then [Early Head Start staff] say, 'No. You can work and go to school. Don't drop out. Whatever happens, stay in school.'"

Camilla

Camilla, 17, and her 26-month-old daughter live in a house with Camilla's mother and older brother. Camilla spent most of the year working, but recently enrolled in a full-time GED program. The father of Camilla's daughter—her boyfriend—also lives in the neighborhood but only has minor involvement with his daughter. Employed full-time, he buys some necessities for the child and provides transportation for Camilla after school, but for the vast majority of her household expenses, Camilla relies on her mother. She receives no food stamps or benefits from WIC or AHCCCS. Her current school provides low-cost child care while Camilla is in school, and her brother and other relatives also help out when necessary. At the time of this interview, Camilla had been enrolled in Early Head Start for 23 months.

At her first annual interview last year, Camilla said that one of the attractions of Early Head Start was the opportunity it provided for meeting other teen parents in the site-based activities. She said the activities gave her information on how to become a good parent, and helped her daughter learn to socialize with other children and engage others in play. Camilla appreciated Early Head Start staff for helping her deal with agencies, providing support with personal problems, answering her parenting and medical questions, and keeping track of her daughter's progress. She was living with her boyfriend at the time of that interview and she had enrolled in a charter school. Her primary goal in life, she said, was to finish high school, obtain a higher education, and get a good job so she could take care of her daughter.

In the past year, Camilla's life has changed course substantially. She dropped out of the charter school due to its relatively high cost of child care, obtained full-time employment, and stopped attending site-based activities because of conflicts with her various school and work schedules. More recently, she moved from her boyfriend's family's home to her mother's, quit her job and enrolled in a self-paced GED program sponsored by Chicanos Por La Causa. She has been attending this school for one month and expects to obtain her GED in October. "I'm just trying to get my life together so I can have what I want," she said. She hopes to get an apartment with her boyfriend in the coming year.

Camilla says her family support specialist regularly discusses goals with her. "She writes them down and every week when she comes she asks me about them and how I'm doing." Camilla feels she is making progress. "I'm going to school…and my daughter learned to count to 10—I had that as a goal. But I don't have a job yet—that was one of my goals. But as soon as I get my GED I'll get myself a job. I can't do three things at once: go to school, be a mom, and work."

Dealing with her daughter has become more difficult as the child has reached toddler stage. "Before, she was easy to take care of. She's two now; she's very hyper, very active. She keeps me going…Even when she understands that you're telling her 'No,' she wants to keep doing what she wants to do. It's very hard for me to take her somewhere and not argue with her." Camilla says her family support specialist has helped her deal with her daughter's new personality, and that some improvement has occurred. "She's gotten better…her temper's sort of calmed down."

Camilla's family support specialist has also helped her deal with other difficulties in her

life. "[She] helped me a lot with the stress that I had living in my boyfriend's [family's] home. It was terrible…She talked to me about what my choices were, and told me that I could leave anytime that I wanted to, and that I didn't have to stay there and take it. So I chose to leave."

Early Head Start frequently provides encouragement for Camilla to stay on track with her life. "They talk to me a lot about not doing drugs and not drinking…[My family support specialist] tells me it's really important to finish school."

"[EHS staff] talk to me a lot about not doing drugs and not drinking...[My family support specialist] tells me it's really important to finish school."

Camilla has also received information from Early Head Start on caring for her daughter. "They give me papers every so often on, like, what kind of foods she should eat when she hits two…Or, not to give her so much candy and soda, and that she should drink a lot of water…And different things like showing them how to play on their own, learning to share with other kids. I had the hardest time teaching her that."

The program monitors her child's development. "The nurse comes out every six months and they measure her, how high she's gotten, they measure her head…and they weigh her. And they keep us going on 'Your baby has to have this. Like, she has to have a new toothbrush because she has more teeth.'" Periodic videotaping also lets Camilla see her daughter's progress. "It's really good. My baby really likes to be in front of the camera."

"Before, [my daughter] was easy to take care of. She's two now; she's very hyper...It's very hard for me to take her somewhere and not argue with her."

Camilla has had two family support specialists during her time in the program. She says she has liked them both "very well." Home visits mostly center on her child. "We talk about the baby, how she's doing. We play with her, sing songs…Sometimes we talk about what is new that she learned to do. Or we try to teach her not to throw things. Or because the baby likes to play with puzzles, [my family support specialist] will bring a lot of puzzles out and the baby has to learn where things go. She has gotten better at it."

When the nurse visits, they also discuss vaccinations, child safety, and birth control. Camilla's boyfriend does not usually participate in home visits, except when the male involvement specialist comes. "He really gets along with [the male involvement specialist]. This is their third time to meet each other. He likes to talk to him about his car…My boyfriend loves his El Camino."

When asked how Early Head Start might be improved, Camilla has only one recommendation. "Keep it the same. It's a very nice place…I like it because with my next child or something I will know what to do because I learned it from them, how to teach my son or daughter." In particular, she likes the caring attitude of the staff. "They're really kind. They try their best to keep your kid healthy and have fun and grow up right…They try their best to do what they can to help you."

Rene

Rene, 19, lives with her 25-month-old daughter in a house belonging to her mother's boyfriend. Also living in the home are her mother, a younger sister, and her mother's boyfriend. During her pregnancy, Rene suffered a paralyzing stroke, and while physical therapy has helped her regain much of her physical and mental function, she has lingering difficulties with vision, movement, and memory. A public high school she attends several miles away offers special services for students with disabilities. The father of her child lives 20 miles away and contributes some child support, but not reliably. Rene has received financial assistance from SSI, TANF, WIC, and sources related to her disability. At the time of her second interview, she had been in Early Head Start for 20 months.

One year ago during her first interview, Rene said that Early Head Start was one of the "highlights" of her life. She said that Early Head Start monitored the health of her child, offered guidance and information to help her become a better parent, provided personal support and counseling, and gave her the chance to socialize with other teen parents during monthly activities. She also said the program helped her focus on her role as a mother and motivated her to set and work toward personal goals. Among the goals she had set were to work toward high school graduation and a career as a chiropractor, continue her physical therapy, maintain a stable relationship with the father of her child, keep her daughter healthy, and fulfill her daughter's needs.

Rene feels she has made considerable progress toward her goals in the past year. "I finished my junior year in high school. My daughter turned two in July and we're getting ready to make the transfer to Head Start. She's in great health. I'm potty training her and she loves it."

She has also managed to spend more time with her daughter by quitting her part-time work as a chiropractic assistant. And though she recently broke up with her boyfriend (the father of her child) she has kept him in touch with his child. "My daughter talks with her dad on the phone every day."

She says she updates her goals regularly."Every six months we have to do an IFSP [Individual Family Service Plan]. That's what we did the last visit... We reviewed my goals." For the coming year, she says: "I want to graduate high school, get my daughter prepared for Head Start, make the most of my time with my daughter—to help her. And I want to stay positive, not be negative, and let her learn from her mistakes."

A big improvement in Rene's living situation has been the creation of a new room in the house for her and her daughter—previously they had slept in a corner of the living room. "I didn't have any privacy living in the open... It's great now, because I can close my mess in and close everybody else out and have a safe haven. Everything is child-proofed in there."

Her disability, however, continues to frustrate her. "I have short-term memory loss from the head injury [stroke] and it slows me down—it's hard keeping up with the baby. And my mom is overprotective. I'll be 20 in November, but she treats me like a two-year-old. It's hard to be a teenager, a mom, a daughter, a sister, a student —I get pulled a lot of different directions and it's hard to stay focused."

One way Rene deals with her stresses is by attending mom's support groups three times a month. "It's a chance for both my daughter and

me. She goes to the child care they have next door, so I feel safe with her being in there and she gets to play with other kids. At the same time I'm sitting in the room next door and we're talking about whatever's happened, whether it's our babies' daddies or things going on in our lives, our parents or sisters or siblings. And we just talk about that and it's cool because everybody's going through the same thing. Also it's neat because we can call each other whenever we're having problems with our baby and say like, 'Hey when your kid was teething, what did you do about it?' We help each other deal with the stresses of being a mom."

She feels she can discuss her frustrations and problems with her family support specialist as well. "I think my family support specialist knows more about me than most people do. I feel comfortable talking with her about anything. She keeps me focused and reminds me that we have a professional relationship, so she keeps me focused."

"It's good to have a secure place to go to and feel safe with your kid. It's a good environment for the baby, and for you too...It's a big support system, something that teen moms need..."

While her struggles have been taxing, Rene feels she has grown considerably: "I've been coping with my disability and I've decided I can't do anything to change it. It's already happened, so you might as well live with it and learn from it. Now I tell everybody, 'I'm stronger than a stroke.' And I'm not scared of anything, because there is nothing anybody can do to me that life hasn't already done."

Rene says that Early Head Start services have assisted her in many ways. Regarding being a parent: "It definitely helps. They teach us different things at each activity. Sometimes we'll talk about house safety, talk about what our kids can get into from their level, we look at the house from their level and see the dangers they can reach that we don't see from our level."

Regarding child development: "My family support specialist will bring over reading material if I ask her a question about something my daughter is going through. And the nurse does growth charts about every six months to show us how she's growing compared to most children her age. Like, she's tall for her age and I didn't know that. They just do a lot of little things that I wouldn't have any opportunity to learn about otherwise."

Regarding her daughter's health: "I know that the nurses are there if I ever need anything for the baby. If I ever need an opinion, I can ask one of them to stop by. Like once she had an ear infection, and I didn't know why she was crying because I didn't think about an ear infection. So one of the nurses came out and checked her out and said I might want to go to the doctor and get a prescription. And I did and the infection went away." This kind of help is reassuring to her. "It's just great to have everybody there. If they can't help you enough they refer you to somebody who can."

Rene enjoys the site-based activities and attends regularly."I'm going to one today. I go to every one." She also takes her daughter to the play groups when high school is out for the summer and she has more time. "It's all about the kids. We learn about stimulating their senses and stuff."

She rarely misses a home visit. "They're once a week usually, except one week a month because we decided I have enough to do and [my family support specialist] is trying to wean me off the program. So we decided that the week we have the site-based activity we shouldn't have to have a home visit because I have mom's group, site-based activity and so many other things going on."

They discuss a variety of topics during visits. "If I'm having any problems that week then we'll talk about them. And if the baby is doing anything that I'm worried about I'll ask her

about that and if she has any reading material at home or at the office she'll bring it to me."

Rene appreciates the parenting support she receives from her family support specialist. "If I do something that she's read is good, then she'll let me know, say I'm doing a really good job…If I'm doing something that doesn't benefit my daughter, she'll let me know but she won't do it in a way that's offensive…I just take it as constructive criticism. She's just trying to help."

Sometimes her family support specialist prepares her for different passages in her daughter's development. "Especially when my daughter is going to hit a stage, like when she was going to start teething, she told me 'This is what you should expect, and she might be crying lots more, or might have fevers.' It's good because if you're a first-time parent and you don't have anybody like that [who can explain things] you don't ever know." They also discuss immunizations. "When she hit 18 months, my family support specialist let me know that there were going to be shots to get. She keeps me informed on what needs to be done."

Rene's family support specialist has talked to her about transitioning out of the program when her daughter turns three, and Rene is concerned about losing program services. "I think it's not fair that after we get out of the program we should just stop talking to everybody in the program. Right now, even on days I'm just feeling lonely or whatever, I can call the office and whoever answers the phone, somebody I know is there for me." She has addressed this concern with her family support specialist. "She is going to try to set it up so I can go to the next PPC [Parent Policy Committee] meeting to see what they have to say about it."

What she will miss most about Early Head Start is a feeling of support. "It's good to have a secure place to go to and feel safe with your kid. It's a good environment for the baby, and for you too. It's just support. Everybody's there to support. It's a big support system, something that teen moms need, and it's good to have it."

Liana

Liana, 18, her 23-month-old daughter, and her 4-month-old son live in a rundown, sparsely furnished mobile home with the father of her son and his two sons. Her son's father provides some financial support for Liana and her children, but the father of her daughter is not involved with the family at all. Liana receives no public assistance and is currently looking for a job. Originally from an abusive family in Central America, she has never attended school, is monolingual Spanish-speaking, and is not literate in any language. She was interviewed through a translator. At the time of her second interview Liana had been enrolled in Early Head Start for 22 months.

During her first interview a year ago, Liana said Early Head Start had helped her learn how to teach and care for her daughter, and had provided transportation so she could keep doctor appointments and attend other important meetings. The program had also helped her daughter develop play skills. She said she liked the site-based activities both for the chance to socialize with other teen parents and for the child-care instruction she received. At that time, she had been actively serving on the Parent Policy Council, and said it was one of her favorite aspects of the program.

Liana became pregnant during the past year and gave birth to a second child, a son, by the man she has lived with for most of the last two years. "I'm now living with my boyfriend, I have another child, and everything is going fine."

Despite her positive assessment, however, much has changed and she has faced some hardships, particularly in finding and keeping a job. "I was just selling tamales [on the street]. Then I started working…recycling trash…but then I stopped working not long ago…Wherever I go, they always ask for a work permit." She says she currently does not have one.

Her living situation has also been difficult. "First our water was shut off. I told [the male involvement specialist] and he said 'Call the police.' So I called and they turned the water back on. Then we didn't have a cooler. I again told [the male involvement specialist] about the air conditioning. He told me, 'I'm going to take you to somebody I know and they're going to help you…' I was so desperate that at times I cried because I didn't know what to do with my kids and no air conditioning and this heat."

She feels that her transportation situation is better than last year. "My boyfriend has a car…and he leaves it for me." She does not, however, have a driver's license.

Liana credits Early Head Start with helping keep her children healthy. "It's helped me a lot. My little boy was sick and I told my family support specialist. She looked for a place where I could take him [for treatment]." Her family support specialist has also helped her monitor her children's immunizations. "She told me to get his vaccinations at 18 weeks and at another time. I went."

In the past two years, Liana has been assigned three different family support specialists. "The one who helped me most was [the first]…She supported me a whole lot…Sometimes I would feel so bad and she would give me advice. When I wanted to go see the doctor with my kids…she got me transportation and would go to interpret, and with [the others] it hasn't been so much."

She says all of her family support specialists have helped her learn how her children

develop. "My family support specialist explains to me, 'At this time your son is going to do this…At this age [your daughter] is going to be like that. After this she'll go on to another stage.'"

"My family support specialist explains to me, 'At this time your son is going to do this...At this age [your daughter] is going to be like that. After this she'll go on to another stage.'"

Liana's participation in program activities has changed dramatically in the last year. Previously she was very active, but lately she has not attended. "When my daughter was little, I went. But when I started to work, then I couldn't go to the activities any longer." She also gave up the Parent Policy Council. "I left because I ended up pregnant…And I had a hard pregnancy."

Nevertheless, she says she misses the many events. "I liked going to the activities the best because every time I'd go to an activity I'd meet more people, not the same people, you know, but new people." She says she intends to get involved again. "I want to go. And now I'm not working and I'm not making tamales, so I'll go back."

Note: Three months after this interview, Liana was disenrolled from Early Head Start. She had missed several consecutive home visits, moved out of her last known address, and not contacted program personnel.

Crystal

Crystal, 19, and her son, 26 months, live with Crystal's mother and stepfather in a modern well-kept home. The father of her child sees his son regularly because his mother arranges for him to care for the child one or more days each week, but he does not contribute financially to the child's care. Crystal receives no WIC, food stamps, or AHCCCS benefits, instead relying on her mother for support until she can find a job. At the time of her second annual interview, Crystal had been enrolled in Early Head Start for 20 months.

During her first interview, in which the child's father also participated, Crystal said that she valued Early Head Start for providing her with information on child development and monitoring her son's progress. She credited program staff with helping her meet her personal goals in education, and providing emotional support when she encountered problems. While she had not attended any site-based activities due to her school schedule, Crystal said she hoped to attend some in the future.

Crystal's life circumstances have changed in many ways during the past year—some expected, others not. Among the high points, she reached her goal of completing high school. "I wanted to get it done, and I wanted to prove to everybody who told me I couldn't do it that I could…I got straight 'A's." Among the low points: She faced financial problems, changed residences several times, stopped participating in Early Head Start for a period of several weeks, and encountered problems in her relationship with the father of her child that led to a break-up. "He just wasn't coming home and didn't want to be there with me or [our child]." Prior to this, the couple had planned to marry.

In order to "be someplace stable" for awhile, she moved back with her mother, who recently remarried. She characterizes this move as "…good at times; other times it's a little tense because my mother and I clash." In the past, she would have talked through such tensions with her family support specialist, but that has not happened recently. "With all the moving, I lost contact with [my family support specialist]." Then, upon trying to reestablish contact, she learned her family support specialist was no longer working in the program. Although other Early Head Start staff have filled in, she only recently was assigned a new full-time family support specialist. In the meantime, she has also been looking for a job and considering enrollment in nursing school.

Despite the temporary break from program services, Crystal feels that Early Head Start has provided her with a lot of support over the past year. "When we separated the first time, they helped me find child support. I went through a period of depression and they helped me with getting medication and other help…And then they also were nice enough to pay for it because I couldn't pay for it myself."

Early Head Start has also assisted Crystal with health and medical care. "They helped me find a place I could get birth control for a reduced cost. They've given me lists of places to go get medical care for [my son], because right now neither of us is covered by any kind of insurance…They helped with things like where I could go to get immunizations if he needed them, where I could take him if he was sick—low cost places where they won't charge me as much."

In addition, the Early Head Start nurse visits on occasion. "She came by recently and did the

developmental test with [my son] to make sure he was developing properly. She weighed him, measured him, all that stuff." Crystal says the nurse also answered some questions regarding her son's development.

All in all, Crystal says that Early Head Start has "helped a lot" with the task of being a parent. "Anytime there is a question I have, if they don't know it directly they're always willing to find something on it and bring it to me. Even if it's having to look through books and bring me pages of whatever, they're always willing to do that."

"They're teaching us how to do positive discipline...I do have a temper and I would much rather learn a positive way to deal with it than end up being one of these parents that beat their children."

Now that she has finished high school, she hopes to attend site-based activities. "I've always wanted to go to them, I just haven't either had the time [because of school] or I couldn't get to them. It'll be nice to actually get to go to one." The first activity she plans to attend deals with a parenting issue that is foremost in her mind. "They're teaching us how to do positive discipline for our children instead of having to resort to spanking or things like that." This topic caught Crystal's eye because of recent interactions with her son. "I've realized that having to deal with [my son] by myself, it gets hard to think of positive ways to discipline him, especially when he's gotten on my nerves all day. And I've noticed that I do have a temper and I would much rather learn a positive way to deal with it than end up being one of these parents that beat their children."

Crystal says she also hopes to attend a play group and a support group to see if they are something she would like. The availability of Early Head Start transportation to the activities, she says, makes it possible for her to attend; otherwise she would have to rely on the bus system or try to find a ride from a friend.

Crystal says she has enjoyed a good relationship with Early Head Start staff over the past year. "[My family support specialist] was so great...always willing to help me with whatever...real supportive when it came to me having the depression, and helping me find someone to talk to and get help with that...always good with listening when I needed to talk about problems."

Home visits covered a number of topics, she says, not only parenting and child development, but also health and safety issues. "Everything from where I could go to get immunizations for [my child] to different safety items to use around the house...where to find poison control numbers and things like that...and we talked about stuff like plug outlets, and cabinet locks."

Crystal says she has no suggestions for changes or improvements in Early Head Start services. Instead, she is looking forward to more involvement on her part. "It's all kind of new and like starting over for me again with a new family support specialist. And because I don't have to worry about school, I'll be able to go to more events."

She feels the biggest benefit of the program for her has been the staff support "...their willingness to care either about me or [my son]—whether we're all right, if we're stable, and if we have things we need." She has found this treatment to be exceptional. "They're really supportive, they're all really nice, and they're willing to help. Not many people you can find are willing to do that."

Diane

Diane, 17, and her 25-month-old son live in a house belonging to her grandfather. Also residing in the home are Diane's grandfather, mother, two uncles and, periodically, her brother. Because of crowded conditions, Diane and her son usually sleep on the couch. During the past year, Diane has run away from home twice and continues to be on probation for minor offenses. Neither she nor her mother are working. Diane receives AHCCCS benefits for her son, and her mother has received food stamps and TANF. At the time of her second interview, Diane had been enrolled in Early Head Start for almost two years.

During her first interview, Diane said that Early Head Start had helped her get back into school, look for a job, learn about her son's behaviors, and understand his development. She also said that home visits and other program services reassured her about her son's development, and showed her ways to teach him new things. She credited the program with helping her manage her anger and said it had provided an enjoyable break from the routine at home. Among her personal goals, she planned to do well in school, stay out of trouble, and get on birth control. Goals for her son included getting him more comfortable with other people, teaching him words, being more patient with him, and improving his health.

Diane had a tumultuous year but still managed to make some progress on the goals she set for her son. Regarding his speech and development she says, "He's saying more words. He's doing more. He's more active." And regarding her relationship with him: "I'm spending more time with him, doing more things just me and him. We go swimming at my aunt's and we go to the park and play over there."

Her personal goals, however, have not progressed as well. "I still haven't gone to school yet. I wanted to go to school, but that didn't work out because the school was too far away." She also intended to get birth control, but didn't. "I'm pregnant again, six months pregnant…This baby is due in November." She hasn't given up on her goals, however. "After this baby I will get the birth control shot," she says. And she also plans to go back to school. "[My family support specialist] was telling me about this new program…to get a high school diploma. You work on computers for half day…It's self-paced…So I'll still be able to spend time with my son."

Longer term, she has high ambitions. "I want to go to college…I want to work in the medical field. I don't know what. Maybe being a nurse…or like in respiratory…And I want to go to cosmetology school, so if I wasn't working I could do something else for a time because I get bored real easy."

One of Diane's problems is finding transportation. "I need to get a license and get a car. It'd be easier." But thanks to Early Head Start, she says, "I get more things accomplished during the day, like if I have a doctor's appointment or things like that, [my family support specialist] comes or [the Early Head Start bus driver] and they take me where I have to go so I actually get there and don't put it off any more."

Following through on decisions is another problem for Diane—one her family support specialist helps her address. "If I want to do something, and I tell her to make sure I do it,

then she comes and takes me regardless of what I look like or what kind of mood I'm in or whatever, she takes me." For example: "She's going to take me down [to enroll in school] so I'll actually get up and do it—because nobody around here will take me."

Day care is not a problem for Diane because she has been able to keep her son close by most of the time. When necessary, she can usually find a baby sitter. "My mom watches him. Sometimes my son's godmother comes down and she watches him." When school starts this year, however, she says she plans to "find day care somewhere around there."

"I think [play group] is good for my son because he gets to play with other kids his age...We learn something new every time we go...ways to get him to do things or say things, like a ball or color."

Diane's living situation is among her biggest frustrations. "One of my uncles is a major stress problem in this house. He's always arguing, fighting over things. We need to get rid of him but my grandpa won't yet." Her family support specialist has helped her cope with that stress. "Sometimes she's here when we're arguing about something...She tries to sit down with us and talk about it, or gives us ideas on how to work it out."

Her family support specialist also talks to her about alleviating tensions. "She tells me things I can do. She gave me a stress-reliever paper with all kinds of things to do—smile or give a hug. That works sometimes. That or she actually tells me just to leave for the day and get out of the house, because there is definitely a lot of stress in this house...I want to move out of here."

Parenting has added some anxieties to her life also. "I want him to start talking more. He talks, but most kids his age I see talking more...He cries for stuff but he can't say it, so I get stressed out about that." Early Head Start staff, however, have reassured Diane. "Like potty training him. Everybody in my family has been rushing me and that's a lot of stress...[My family support specialist] tells me you can't rush him because it won't be the right time for him to do it. So she helps with things like that."

Diane looks forward to home visits and other contacts with her family support specialist. "We get along pretty good...She's like a really good friend now...Sometimes we have our differences because she says things that I don't like—she tells me the truth, regardless of what it is." But, they usually resolve their conflicts quickly. "We talk about it. She tells me the point of what she's saying so I understand it a little more because sometimes I jump to conclusions...But I'd rather have someone tell me the truth, regardless of what it is, than lie to me."

During weekly home visits, they discuss a variety of topics, such as Diane's health. "[My family support specialist] gives me papers on good things to eat, like things that don't have very much fat in it, because I have toxemia." Also her son's health: "And what to feed my son, because he likes candy—but he likes fruit and stuff too." And immunizations: "If it's time, she'll remind me and talk about what kind of shot and what it's for...He's all up-to-date on his shots and everything."

They also discuss safety issues. "She's brought me wall plug covers. She brings me little locks for the cabinets because he gets into those and we have a lot of things he could get hurt with...We talk about the bathroom because kids drown a lot in the toilet or bathtub."

Her family support specialist has helped her look for a part time job. "Sometimes we'll go down to DES and she'll find things saying people are hiring, and she gets them for me...I really don't want to be in fast food, but I have no choice at the moment. "

Diane's family support specialist has also helped her work on improving some behavior patterns. "I still have a lot of bad habits...Certain things

we talk about how to change." As an example, Diane says she wants to avoid people who "aren't good" for her. "We talk about staying away from them or ways to approach it because they'd get mad if I was to tell them 'You're a bad influence on me' or something."

Periodically, the Early Head Start nurse accompanies Diane's family support specialist on home visits. "They talk about his height and his weight, if he's underweight or if he's not eating enough or going to the bathroom enough. They say everything is fine. It's just that I have to work on his speech."

Diane says she likes all the Early Head Start staff she has met. "Everybody is so cheerful over there." This has encouraged her to attend more site-based activities this year than last—though she does not consider herself a regular. "Sometimes I go. Lately I haven't…They talk about certain things…like discipline or things I need to work on with him."

The weekly play groups have become particularly popular with her. "We usually go to play groups…I think it's good for my son because he gets to play with other kids his age. And he shares with them." The play groups also benefit Diane as a parent. "We learn something new every time we go—ways to get him to do things, or say things, like a ball or color or something…Sometimes they give us sheets with different types of activities on them to do with him, and we try that [at home]."

For Diane, however, the most important aspect of the program is the support: "Just having somebody there for me—if I need something, I talk to [my family support specialist]. We can talk about whatever I'm having a problem with, and she'll tell me what to do or ways to go about it…She's always cheerful and brightens up the day."

Her family support specialist's upbeat attitude also provides relief from the tensions at home. "People in this house aren't always happy, but when she comes over everyone is all smiley. You can't help but smile or laugh when she's around."

Michael

Michael, 19, could not be reached for his second annual interview in summer 1998. According to Early Head Start staff records, he had lost his job, left his mother's home, and not responded to calls from program personnel. Prior to this break in communication, Michael had given his son's maternal grandmother permission to take the boy for an extended visit. His son's mother, meanwhile, continued to serve a prison term with her release expected in late 1998.

In fall of 1998, Michael reestablished contact with Early Head Start and was assigned a new family support specialist. He subsequently found a job, retrieved his son, and began participating in some program services. After his son's mother was released from prison in Tucson, Michael sent the boy to live with her. At this point he was informed he would be disenrolled from the program. In early 1999 Michael consented to a final interview. His son had just turned two years old.

During his first interview, Michael had spoken highly of the program, particularly the personal attention and encouragement he had received. He said Early Head Start had helped him get a better job, enroll in school, and set goals. The program had also given him information about his son's development, provided monitoring of his son's health, and offered him "someone to talk to" for counseling and advice. His goals were to finish high school, join the military, get a job, get his own place to live, keep his son healthy, and work on his son's language skills.

Michael feels his last year and a half has been a period full of turmoil. "Things got real rocky not having a stable place to stay…and transportation to work—trying to get there on time—it got real rough." Now he has a new job with health and retirement benefits, a new girlfriend, and a new family on the way. "We're expecting a baby girl next month. Somewhere in March, I should be a father again…Right now is the happiest I've been in a long time."

He says he is readdressing his goals. "My goals have pretty much stayed the same but I've actually been pursuing them lately instead of slacking off. I've been really pushing and doing a lot of stuff that I should have done." For the future, he says, "I'm going to take my GED and enroll in a couple of accounting courses. Or if not accounting, I'm going to take an EMT training for the fire department and try to get on there next year."

Due to his unsettled living situation and his son being gone much of the time, Michael did not participate in program activities over the past year. He did resume contact, however, with the male involvement specialist. "He tries to see me two or three times a month." The nurse and child development specialist, on the other hand, have not been able to schedule a visit with Michael and his son for several months.

His family support specialist has visited almost every week. "We get along just fine…She really came through for me when I had to go get my son [from his maternal grandmother] in September. She helped me out a lot…getting court papers taken care of, my plane ticket. She was right there by my side."

His family support specialist has also helped him monitor his son's health. "My son was a year behind on his shots—he was missing four or five of them. As soon as I got him back she was on me…calling and reminding me…to take him and get his shots."

Michael feels his son has changed greatly in the past year. "He's growing at an alarming rate. He's really big, he's tall. He only wants to eat what he wants to eat…and that's frustrating." His family support specialist has helped him cope with the changes. "She was telling me you have to progress with your kid, and you have to let them show you the way some times…She's definitely helped me to be a better and stronger parent."

He says he has reevaluated his use of discipline because of his family support specialist's influence. "We had different views as far as spanking goes. She said no [physical] discipline for the kid; I'm in favor of it. She suggested just talking to my child, not yelling, and seeing if I can get the point across that way, and try to work it out without spanking…Two days later, he was still getting spankings, but at the same time it was running through my mind, 'This isn't helping anything. This isn't working.' So I stopped spanking him and he started going to the potty chair by himself. He quit retaliating, quit whining when I told him to go to bed, and a lot of stuff started coming together."

"We had different views as far as spanking goes. [My family support specialist] said no [physical] discipline for the kid; I'm in favor of it…Two days later, he was still getting spankings, but at the same time it was running through my mind…'This isn't helping anything…' So I stopped spanking him and he started going to the potty chair by himself…a lot of stuff started coming together."

Michael's family support specialist also counseled him on managing his finances once he established a stable living situation and found a job. "She brought me some papers to help me budget my income, and she said she was going to make me some copies so my girlfriend and I could sit down and say, 'This is what I make, this is what needs to be paid, and this is what we have left.' I really appreciate that because …people don't tend to manage their money as well as they're supposed to."

Michael says that even though he is facing disenrollment, he hopes to continue to receive Early Head Start services one way or another. "I feel like if I lose the program, I lose a piece of my backbone…That's why I'm pressing my girlfriend to get in the program…If I am disenrolled from the program and my girlfriend joins, then I wouldn't lose."

Looking back, he feels that Early Head Start has made him a stronger parent. "They gave me a broader image of what I should be doing…I was a new parent. I didn't know anything. I thought I knew from being a kid and helping my mom take care of my brothers, but you really don't know until it's your own child. Everything that I've learned I've learned because somebody helped me, and they have definitely been that help."

What he has appreciated most, however, is the support he has gotten from Early Head Start. "It's not financial support, it's emotional support…They've taught me to never give up, never look back. They didn't say, 'Okay Michael, you want to give up, then give up.' They said, 'You've got so many opportunities, so many windows you can go through. Why don't you route it this way, why don't you try this?' I think they're an inspiration."

Whitney

Whitney, 16, was disenrolled from Early Head Start in April 1998 after she moved away from her last known residence and failed to reestablish contact with program staff. Her son was 14 months old at the time. She was not able to be contacted for her second annual interview.

During her first interview, Whitney said that Early Head Start had helped her by providing transportation to appointments and meetings, teaching her about child development, and giving her someone to talk to about problems. While she had not attended many site-based activities, she said she enjoyed the ones she had gone to. Her goals were to go to school, get an education, and show her son more love. Among her chief concerns, she said, was that she was pregnant with a second child by the man who had fathered her son, but she was legally constrained from seeing the man because she was a minor and he an adult.

Based on program records and staff interviews, Whitney made little progress in the seven months that she remained in Early Head Start after her first interview. She gave birth to her second child, a daughter, but was unable to visit the child's father. She moved in with a relative, but was soon forced to leave because of behavior her relative considered to be inappropriate. She didn't take action on getting an education or earning a living, and showed little improvement in her parenting skills, usually choosing to send her son away from home during her family support specialist's home visits. Though she followed through on a program referral to the mental health specialist, she did not attend site-based activities or other events. Early Head Start staff felt she primarily saw the program as a means of obtaining transportation, material goods, and help in a crisis.

Talking about what he's appreciated most about EHS, Michael said..."It's not financial support, it's emotional support...They've taught me to never give up...They said, 'You've got so many opportunities, so many windows you can go through. Why don't you route it this way, why don't you try this?' I think they're an inspiration."

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